SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

ENTERED

4-19-2 Date Stamp (Received)

Permit #:	21-0116
Date:	5-18-21
Amount Paid:	\$90 5-18-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made p		-			ED TO API	PLICANT. Origin	nal A	plication N	//UST be sub	mitted	FILL O	JT IN INK	NO PEI	NCIL)
TYPE OF PERMI	T REQUES	TED-		LAND USE	□ SANI	TARY PRIVY	′ 🗆	CONDITIO	ONAL USE	□ SPECIA	L USE	B.O.A.	□ OTHE	R
Owner's Name:	i	1	, 0	GOTT		ing Address:			City/State/				Teleph	the state of the s
Address of Proper	ND A	tow	Y	GONY	W3	City/State/Zip:	ER	RD	WEST	SALE	EM WI	54669	1008-	397-131
9260	SCH	n6L	RD				10	ING	. (0)	5486	55			one: - 2 <i>97-/3/3</i>
Contractor:	CS VI				Cont	ractor Phone:		Plumber	101 2					er Phone:
DUSTIN	DAI	SULF	+			5-919-0329	1		NA					
Authorized Agent	: (Person Sig	ning Appli	cation on beha	lf of Owner(s))	Ager	nt Phone:		Agent Ma	ailing Address	(include City	//State/Zip	:	Writter Author	
	JA												Attache	
PROJECT	a y y er	Descrip	tion: (Use T	ax Statement)		Tax ID#						Document:	(Showing	
LOCATION	26870 <u>2012 R</u> 34389										842			
1/4, _		1/4	Gov't Lot	Lot(s)	CSM	Vol & Page (-SIVI L	00C #	Lot(s) #	Block #	Subdivision	. /		
0	0		ED	a		Town of:			5-12	/	OKERS) Lot Size	BOM 91	HEYOL Acre	OFF ADJ
Section 2	, Tow	nship _	<u>50</u> N, F	lange <u>5</u>	w		B	- WI	VI		LOT SIZE			age SOO
	□ is	Property	//Land withi	n 300 feet of R	iver, Str	eam (incl. Intermitten	it)		tructure is fr	om Shorelin	ie:	your Prope	rty	
☐ Shoreland -	Cree			of Floodplain?		yescontinue —					feet	in Floodpla		re Wetlands Present?
Siloreland -	□ Is	Property	/Land withi	n 1000 feet of				Distance St	ructure is fr	om Shorelin	ie:	Zone?		☐ Yes
					Ify	/escontinue —		H			feet	≫ No		No
Non-Shorelan	d													
Value at Time							13/4							
of Completion				Project		Project	E 378	Total # c			hat Type			Type of
* include donated time	100	Projec	t	# of Stori	VV - CVS	Foundation		on	is		anitary S [.] he prope			Water on
& material								property	y		on the pr	100 miles		property
	☐ New	Constr	uction	X 1-Story	[Basement		□ 1		nicipal/Cit	у			⊠ City
	X Addi	tion/Al	teration	☐ 1-Story · Loft	+ [☐ Foundation					ry Specify Type:			□ Well
30,000	☐ Conv	ersion		☐ 2-Story	>						s) Specify	s) Specify Type:		
	☐ Relo	cate (exi	sting bldg)									☐ Vaulted (min 200 gallon)		
	☐ Run a										rvice contract)			-
ļ.	Prop	erty			ž	⊀ Year Round				npost Toile				
	□. <u> </u>				[☐ Nor	ne				
Existing Structu	ure: (if add	lition, alt	eration or bu	siness is being a	pplied fo	r) Length:	20	//	Width:	74		Height	1:	5
Proposed Cons						Length:	46	, ,	Width:	24.	1	Height		15'
							, -				7			
Proposed I	Use	1				Proposed Struc	ture				Dim	ensions		Square Footage
			Principal	Structure (fi	rst struc	cture on propert	y)				(Х		ootage
-			Residenc	e (i.e. cabin, l	nunting	shack, etc.)				*	(Х		
💢 Residentia	al Use		-	with Loft	- 4						(X		
				with a Por							(Χ)	
				with (2 nd)							(X		
				with (2 nd)							(X		
☐ Commerci	al Use			with Attac		rage	1	1 = 9			1	X	4 1	31
			Bunkhou			sleeping quarte	rc or	□ cooking	P. food prop	facilities)	1	X		
											•	X		
								X						
	☐ Municipal Use ☐ Addition/Alteration (explain) (X) ☐ Accessory Building (explain) (X)													
		×				Alteration (expla	ain) 🖍	ARACE	ADD TO	EXISTING		x 46	1	104
	1.50		Special II	se: (evalain)	u	PITH ATTAC	#6	0 12 K	8 CONCER	TE PATEO	1		1	107
	Special Use: (explain) WITH ATTACHED 12 x 18 CONCEPTE PATEO (X) Conditional Use: (explain) (X)													
l,				(plain)					10.00		1	X		
											1	^		
I (we) declare that this	s application (including a	ny accompanyin	g information) has b	een examir	TING CONSTRUCTION ned by me (us) and to the	e hest	of my (our) kno	wledge and helie	fit is true corre	ct and comple	te. I (we) ackn	owledge tha	at I (we) am
(are) responsible for t	he detail and	accuracy of this inforn	all information nation I (we) am	(we) am (are) prov	iding and th	nat it will be relied upon application. I (we) conse	by Bay	field County in	determining who	ther to iccue a r	armit I (una)	f.,,+ba=====+	talantina	to accept the co
property at any reason	A													

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _

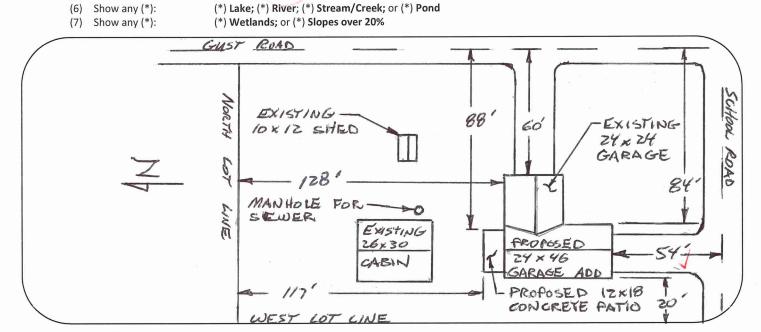
Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach
Copy of Tax Statement Address to send permit <u>W3734</u> WOUTER RD WEST SALEM, WI 54669 Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL (1) Show Location of: **Proposed Construction** (2)Show / Indicate: North (N) on Plot Plan (3)Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setb Measur	
Setback from the Centerline of Platted Road	54	Feet		Setback from the Lake (ordinary high-water mark)	_	Feet
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek		Feet
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	128	Feet				
Setback from the South Lot Line	14	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	20	Feet		20% Slope Area on the property	☐ Yes	□ No
Setback from the East Lot Line	54	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank		Feet		Setback to Well		Feet
Setback to Drain Field		Feet				
Setback to Privy (Portable, Composting) Feet			:			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use	Only) Sanitary Num	mber: Municipal	# of bedrooms:	Sanitary Date:				
Permit Denied (Date):	Reason for D	enial:						
Permit #: 21-0116	Permit Date:	5-19-21	Desiration (Special					
Is Parcel a Sub-Standard Lot ☐ Yes Is Parcel in Common Ownership ☐ Yes	(Deed of Record) (Fused/Contiguous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached Yes No				
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted ☐ Yes ☐ No	by Variance (B.O.A.) Case	#:				
	Yes No No	Were Property Lin	Were Property Lines Represented by Owner Was Property Surveyed Wes					
Inspection Record: 5 it 5 to ke Owned has Nelson Suive Option to works. Or	ying scholad	to combine lots s	mpliant. oy csm in	Zoning District (RY) Lakes Classification ()				
		Todal Novwood	Annual Communication of	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Co	onditions Attached? Yes	☐ No – (If No they need to be at	tached.)	accional wal				
Streture not for	human habita	from / sleeping	purposes, w	o pressorized with				
Condition(s): Town, Committee or Board Co Structure not for of plumbing allowed Sever MUSD meet and Sever MUSD meet and Sever MUSD meet and	d maintain Setl	achs. Must comb	ne 10+5 5-12	by Certified Survey ma				
Signature of Inspector:	Norwood			Date of Approval: 5-17-2				
Hold For Sanitary: Hold For	or TBA: 🗌 Ho	old For Affidavit: 🗌	Hold For Fees:					

Bayfield County, WI



Real Estate Bayfield County Property Listing

Today's Date: 2/16/2021

Property Status: Current

Created On: 3/15/2006 1:16:00 PM

Description

Updated: 5/25/2012

Tax ID: PIN:

28840

04-042-2-50-08-28-3 00-236-02000

Legacy PIN:

Map ID:

Municipality:

(042) TOWN OF PORT WING

STR: Description: S28 T50N R08W

042110406005

OKERSTROM & HEYDLOFF ADD TO PORT

WING LOTS 5-12 BL 1 IN V.1082 P.651

Recorded Acres:

0.600 Calculated Acres: 0.597 Lottery Claims: 0

First Dollar: Yes

Zoning:

ESN:

(R-4) Residential-4

1	Тах	Districts

1 04 042 044522 001700 047100



Recorded Documents WARRANTY DEED

2012R-543842 1082-651

Date Recorded: 5/15/2012

CONVERSION

Date Recorded: 3/15/2006

127 Updated: 3/15/2006

STATE COUNTY TOWN OF PORT WING SCHL-SOUTHSHORE

TECHNICAL COLLEGE PORT WING SANITARY

Updated: 5/25/2012

563-5;582-334;721-389

ROW = 40 to CL + 10 50 from CL

Ownership	Updated: 5/25/2012
JON D & HOLLY M RIGOTTI	WEST SALEM WI

Billing Address: Mailing Address: JON D & HOLLY M RIGOTTI JON D & HOLLY M RIGOTTI W3734 WOLTER RD W3734 WOLTER RD WEST SALEM WI 54669 WEST SALEM WI 54669

9260 SCHOOL RD		PORT W	VING 54865
Property Assessment		Updated:	7/20/2015
2021 Assessment Detail		· · · · · · · · · · · · · · · · · · ·	
Code	Acres	Land	Imp.
G1-RESIDENTIAL	0.600	14,900	66,700
2-Year Comparison	2020	2021	Change
Land:	14,900	14,900	0.0%
Improved:	66,700	66,700	0.0%
Total:	81,600	81,600	0.0%

N/A

Property History

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY - City SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0	0116			Issued	To: Jo	n &	Но	Ily Rigotti								
Location:	-	1/4	of	-	1/4	Section	28		Township	50	N.	Range	8	W.	Town of	Port Wing	
Gov't Lot			L	.ot	5-12	Blo	ck	1	Suk	odivisio	n O	kerstron	n &	Heyd	loff	CSM#	
For: Reside	ential	Acc	ess	ory .	Additio	on / Alter	atior	า: [1- Story;	Garag	e Ad	dition (2	4' x	46') =	: 1,104 sq.	ft.]	

Condition(s): Structure not for human habitation / sleeping purposes. No pressurized water or plumbing allowed inside structure without an approved connection to municipal sewer. Must meet and maintain setbacks. Must combine lots 5-12 by certified survey map by August 15, 2021.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

(Disclaimer): Any future expansions or development would require additional permitting.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

May 18, 2021

Date

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

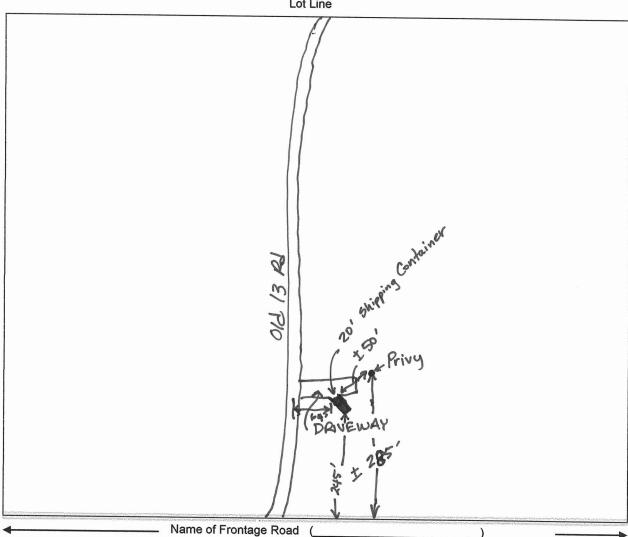


Zoning District	.FL
Lakes Class	

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test County No: Permit No: 21-0138							
Property Owner's Name: DANIEL COREY RECEIVED	County: Bayfield							
Address of Property: MAY 0 3 2021	Property Location: Sw 1/4, S 3 T 50 N, R 08 E (or) W							
Property Owner's Mailing Address: 119 5. DAK STREET Planning and Zoning Agency	Township: Gov. Lot #:							
City, State Zip Code Phone Number 55368 Phone Number 952-777-0023	Lot # Block #: CSM #: CSM Doc # Subdivision Name							
II. TYPE OF BUILDING: (Check One) State Owned	Tax ID#: 28(80							
Public (Explain the use/purpose) 1 or 2 Family Dwelling - No. of Bedrooms	PN: 04-042-2-50-08-13-3-03-000-10000							
	Private Interceptor							
Reconnection Repair Revision	** Transfer of Owner (List Previous Owner below)							
B) A Sanitary Permit was previously issued. <i>Previous</i>	Permit Number: Date Issued:							
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replace								
C) Pit Privy Vault Privy (Vault size: 200								
Portable Privy Camping Transfer Unit Containe	r Composting Toilets Incinerating Toilet							
V. ABSORPTION SYSTEM INFORMATION:								
	ading Rate / Day / Sq.Ft.) 5. Perc. Rate (Min. Inch) 6. System Elev.(Feet) 7. Final Grade Elev. (Feet)							
Charles Charles Control of the Contr	ufacturer's Prefab. Site Fiber Fiber Exper.							
New Existing Gallons Tanks Tanks Tanks Septic Tank or	Name Concrete Constructed Steel - Plastic App.							
	2WESCO X							
Siphon Chamber								
VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite	SAWARA System shown on the attached plans							
Owner's Name(s): (Print) If applying for Section C above	Owner's Signature(s): (No Stamps)							
DANIEL COREY	Daniel Cory							
Plumber's Name: (Print) If applying for Section A or B) above Plumber	r's Signature: (No Stamps) MP/MPRSW No:							
Plumber's Address: (Street, City State, Zip Code)	Home Phone: Business Phone:							
VIII. COUNTY / DEPARTMENT USE ONLY								
Approved Disapproved Owner Given Initial Adverse Determination Sanitary Permit \$\int\{\bar{\bar{\bar{\bar{\bar{\bar{\ba	Transfer Fee: Date Issued: Issuing Agent's Signature / Date: 25-21 5-25-21 TollNowrood							
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROV								
Maintain privy per agreement Conditions per recorded ago Must be pumped by a liens								
most be pumped by a liens	A Septic harler when full Plot Plan on reverse side							



a. ~ . m



- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N). 1.
- 2. Show the approximate location and size of the building.
- Show the location of the well, septic tank and drain field. 3.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - Septic / holding tank to well f.
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line

- i. Privy to building
- Privy to lake, river, stream or pond
- Drain field to closest lot line
- Drain field to building ١.
- m. Drain field to well
- n. Drain field to lake, river, stream or pond

IMPORTANT DETAILED PLOT PLAN

IS NECESSARY, FOLLOW STEPS 1-7 (a-o) COMPLETELY

Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

PRIVY AGREEMENT

(ATTACHED TO THE SANITARY PERMIT APPLICATIO

CIAC		e permisson property and	ACCOUNTACTOR CONTRACTOR AND ACCOUNTACTOR	CONTRACTOR IN CO		CENTRAL MANAGEMENT OF THE STATE		A CONTRACTOR OF THE PERSON OF		A TANAS A SANTONIA SA	Executivity () Transmitter	PERSONAL A ALABA SESSIONAL CONTRACTOR A DESCRIPTION OF CONTRACTOR AND ADMINISTRATION OF CONTRACTOR	SURFACTORISM STATES	-
1111	de	\sim	0	\sim	4 0		P /	7 6	1 6		4			•

Property Owner(s):		*
DANIEL COREY		2021R-588631
Mailing Address:	Property Address	
119 S. OAK ST.	DANIEL J. HEFFNER BAYFIELD COUNTY, WI	
Legal Description:	Section, Township, Range	REGISTER OF DEEDS
<u>SW</u> 1/4, <u>SW</u> 1/4,	s <u>13</u> т <u>50</u> n, r <u>08</u> w	05/12/2021 08:00AM TF EXEMPT #:
Gov't Lot #	CSM# Vol & Page CSM Doc. #	RECORDING FEE: 30.00 PAGES: 1
Lot(s) # Block(s) #	Subdivision	
		Return To: ZONING
Tax ID# 28/80	Date: 4/28/2021	1.
PIN: 04-042-2-50-08-	-13-3 03-0000-10000	
1. NO PLUMBING will be insta		

- 2. NO PLUMBING includes: water closets, sinks, bathtubs or showers, laundry facilities, or any other fixture or receptacle receiving domestic waste, will be installed in the premises served by the privy unless a code compliant soil absorption system or holding tank exists, or a valid sanitary permit to install such a system has been issued.
- 3. A privy vault / pit shall maintain minimum setbacks as specified in Table 1.

Table 1	Well	Building	Lake / Stream	Additional County Setbacks
OPEN PIT	50 Ft.	15 Ft.	Min. 75 Ft.	
SEALED VAULT	25 Ft.	15 Ft.	Min. 75 Ft.	

- 4. Privies for public buildings shall comply with SPS 353.63.
- 5. Privies used for one- and two-family purposes shall be constructed in such a manner so as to exclude flies, rats and other vermin. Doors should be self-closing and vault ventilators should terminate at least one foot above the roof.
- 6. Privies as per SPS 391.12 (1) states as follows:
 - (a.) The storage chamber of a vault privy shall conform with the requirements of s. SPS 384.25 relating to holding tanks and shall have a minimum storage capacity of 200 gallons or one cubic yard.
 - (b.) The storage chamber of a pit privy shall be sited and located in soil recognized to provide treatment and dispersal in accordance with s. SPS 383.44 (4)(b).
- 7. The privy shall be kept clean and sanitary. The contents of the pit or vault shall be disposed in accordance with NR 113, Wis. Adm. Code.
- 8. This agreement shall be binding on the owner, their heirs and assignees. This document shall be recorded by the Register of Deeds in a manner, which allows its existence to be determined by reference to the property where the privy is installed.

Printed Owner(s) Name(s)	This instrument was signed before me
DANIEL COREY	in the State of Minnesota
	County of Carver
Owner(s) Signature:	On this 28 day April , 20 21
Daniel Cocoly	Notary Public
	My commission expires on: 01/31/203
	STEVEN JAMES SCHMIDT
ted By: DANIEL COREY (must be filled out by person subm ms/sanitary/privyform - @October 2019 Bayfirld Corny 2010	itting form) Notary Public Minnesota © December 2012

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY - X SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **21-0132**

Issued To:

Daniel & Kami Corey

Location: SW 1/4 of SW 1/4 Section 13 Township 50 N. Range 8 W. Town of Port Wing

Gov't Lot

Lot

Block

Subdivision

CSM#

For: Residential Other: [200 – Gallon Norwesco; Vaulted Privy]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain privy per agreement. Conditions per recorded agreement. Must be pumped by a licensed septic hauler when full.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

May 25, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Stanning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

RECEIVED

APR 3U 2021

	Permit #:	21-0146
	Date:	5-27-21
ENTERED	Amount Paid:	\$175 56 al
	Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

		N <u>UNTIL ALL PERI</u>	MITS HAVE BEEN ISSUED	TO APP	PLYCIAN	mand Z <mark>opig</mark>	inália	pplication M	UST be submi	tted	FIL	L OUT IN INK	NO PE	NCII.)
TYPE OF PERM			4									□ B.O.A.		
Owner's Name: Travis Voyland				Mailing Address: City/State/Zip:					p:			OTHER		
Address of Prope	rty:			269		Willie State/Zip:	R	2	Webster,	, WI	59	1893		791-0510
Contractor:	y Shov	us Rd.		Port Winy WI 54865						Cell		Cell Pl	ione:	
Contractor:	•					Phone:		Plumber:					Plumb	er Phone:
Authorized Agen	t: (Person Sig	ning Application on	behalf of Owner(s))	Agen	t Pho	ne:		Agent Mail	ing Address (ir	nclude Cit	v/Stato	77in).	146.511	
								- Service	mg Address (ii	icidde Cit	y/state/	zip):	Writte Autho Attach See Yes	rization ed
PROJECT LOCATION			Jse Tax Statement)		Tax I		28	498			Recor	ded Document:	(Showing	
<u>NE</u> 1/4,	SW :	./4 Gov't	Lot Lot(s)	CSIM	Vol		CSM [ot(s) #	Block #	Subdi	vision:		
Section 30) , Tow	nship <u>50</u>	N, Range 08 N	V		Town of:	6/7	Wing			Lot Siz	e		eage
	☐ Is F	roperty/Land v	vithin 300 feet of Rive	er, Stre	am (i	incl. Intermitter	nt)	Distance Stru	cture is from	Sharalir	. 1	Is your Prope		95~
Shoreland	Creel	or Landward s	ide of Floodplain?	If y	esc	ontinue —			icture is iron	i Siloreili	feet	in Floodplai		Are Wetlands Present?
	X Is P	roperty/Land w	rithin 1000 feet of Lak						cture is from	Shorelin	ie:	Zone?		☐ Yes
☐ Non-Shorelan	d			пус	esc	ontinue —			0		feet	No		≫No
	u													
Value at Time of Completion * include donated time & material		Project	Project # of Stories			oject ndation		Total # of bedrooms on property		Sewer/S Is on t	he pro	/ System(s) perty <u>or</u>		Type of Water
	□ New	Construction	☐ 1-Story		Bas	sement			and the second second second	ipal/City	Alternative Control	property?		property
	☐ Addit	on/Alteration	☐ 1-Story +		Fou	undation		X 2	(New)			ify Type:		☐ City Well
Conversion 2-Story		☐ Slab ☐ 3 ☐ Sanitary (Exis		ry (Exist	ts) Specify Type:									
		ate (existing bldg) 🗆					Pit) or	☐ Vaulted (min 200 gallon)					
	1000	Business on				Jse		□ None			ervice contract)			
	Prope	Ly				r Round	_			st Toile	t			
m 1 11 m									□ None				_	
Proposed Cons	re: (if addit	ion, alteration or	business is being appli	ied for)		Length:			Width:			Height:		
The second comments	araction.	(overall diffielt	SIOTIS)			Length:		eb	Width:	14		Height:)
Proposed l							Alexandra			WAS A PRINTED				
AND DESCRIPTION OF THE PROPERTY OF THE PARTY	Jse	1		F	Propo	osed Struc	ture				Di	mensions	TO THE STORY	Square
	Jse	☐ Princip	oal Structure (first	struct	ure c	n propert					Di (mensions X)	TO THE STORY	Square Footage
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APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE In the box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction Show Location of:** (1) North (N) on Plot Plan Show / Indicate: (2)(*) Driveway and (*) Frontage Road (Name Frontage Road) Show Location of (*): (3)All Existing Structures on your Property (4)Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6) Show any (*): (*) Wetlands; or (*) Slopes over 20% (7) Show any (*): Lake Superior

1 shed

ing Drieway

Shores

RU

Cabin

Please complete (1) - (7) above (prior to continuing)

All colvert

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Ropered Lexbursion

Description	Setback Measurements		Description	Setback Measurements	
			The state of the s	7	Feet
Setback from the Centerline of Platted Road	10	Feet	Setback from the Lake (ordinary high-water mark)	200	
Setback from the Established Right-of-Way	0	Feet	Setback from the River, Stream, Creek		Feet
Setback from the Established ing.			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	200	Feet			
Setback from the South Lot Line	1200	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	20	Feet	20% Slope Area on the property	☐ Yes	□ No
Setback from the East Lot Line	120	Feet	Elevation of Floodplain		Feet
					_
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	30	Feet
Setback to Drain Field		Feet			
Setback to Privy (Portable, Composting)		Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 2	1-485	# of bedrooms:	Sanitary Date: 5-21 - 21
Permit Denied (Date):				
Permit #: 21-0146	Permit Date: 5-27	1-21		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recond Yes Yes (Fused/Contigue) Yes Yes	uous Lot(s)) No	Mitigation Required Mitigation Attached		Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted b	y Variance (B.O.A.) Case	#:
Was Parcel Legally Created Yes 🗆 No.		Were Property Lin	es Represented by Owner Was Property Surveyed	Yes No
Inspection Record: 5 the o.V.				Zoning District (
Date of Inspection: 5-19-21	Inspected by:	elel Norv	wood	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Att Must limit distribed area use best management pract Revegetate where approprie	ached? Vos No - (If	No they need to be att	le Complete Levent expsion work.	e project. and sed: mentation
Signature of Inspector:				Date of Approval: 5-20-21
Hold For Sanitary: Hold For TBA:	Hold For Affi	idavit: 🗌	Hold For Fees:	_ 0

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138 Fax – (715) 373-0114

e-mail: zoning@bayfieldcounty.org

Website: www.bayfieldcounty.org/147 Date Zoning Received (Stamp Here)

MAY 17 2021

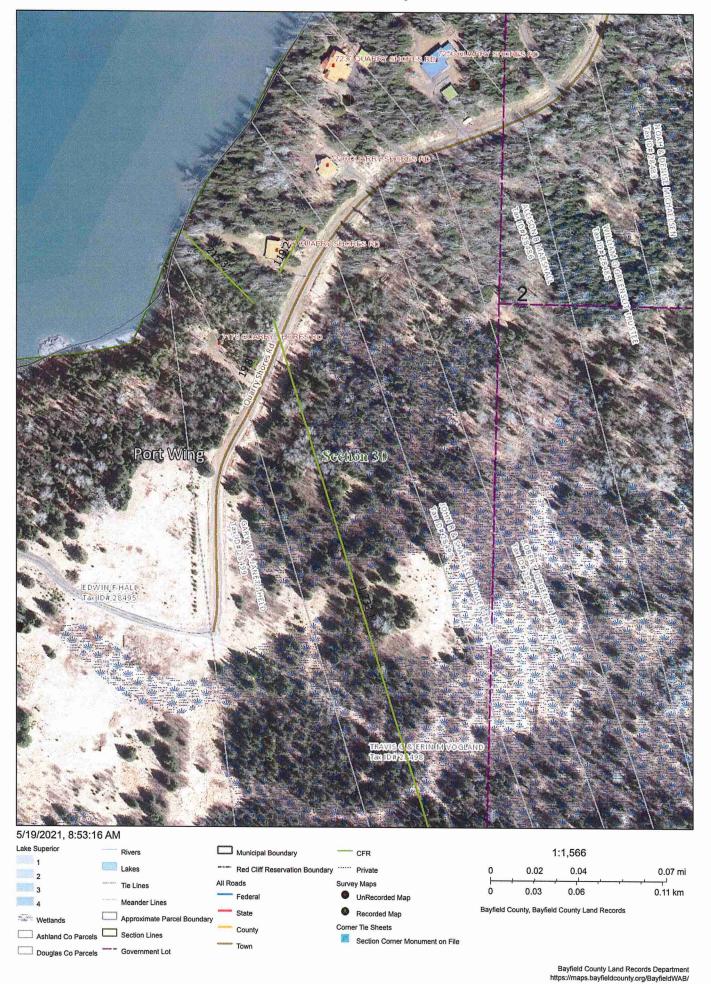
Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Travis Vogland Contra	actor
Property Address 7200 Quarry Shores Q9. Author	rized Agent
Port Wing, WI 54865 Agent	s Telephone
Telephone	n Authorization Attached: Yes () No ()
Accurate Legal Description involved in this request (specify only	property involved with this application)
NF 1/4 of <u>S\N</u> 1/4, Section <u>30</u> , Township <u>50</u> N., Ran	ge ON W. Town of Port Wing
Govt. Lot _3Lot Block Subdivision	CSM#
Volume Page of Deeds Tax I.D#28498	
Additional Legal Description:	
Applicant: (State what you are asking for) Zoning District: _	12.1 Lakes Classification Showland
We would like to extend the drivew	
access to the load for a Pull through i	
We, the Town Board, TOWN OF Post Wing	, do hereby recommend to
☐ Table ☑ Approval	☐ Disapproval
Have you reviewed this for Compatibility with the Comprehensi	
Township: (In detail clearly state Town Board's reason for recomme	ndation of tabling, approval or disapproval)
IMPROVE ACCESS TO PROPERTY	
	Signed: 10 11
** THE FOLLOWING <u>MUST</u> BE INCLUDED WITH THIS FORM:	Chairman: Lusself Fally
 The Tabled, Approval or Disapproval box checked The Town's reasoning for the tabling, approval or disapproval 	Supervisor: Brake
3. The form returned to Zoning Department not a copy or fax	Supervisor: XvIII \
** NOTE:	Supervisor:
Receiving Town Board approval, <u>does not</u> allow the start of construction or business, you must first obtain your	Clerk:
permit card(s) from the Planning and Zoning Department.	Date: 5.3.2(



Bayfield County, WI



Real Estate Bayfield County Property Listing

Today's Date: 4/12/2021

Property Status: Current

Created On: 3/15/2006 1:15:59 PM

Description Updated: 8/17/2020

Tax ID: 28498

PIN: 04-042-2-50-08-30-2 05-003-20000 Legacy PIN: 042107107000

Map ID:

Municipality:

(042) TOWN OF PORT WING

STR: S30 T50N R08W Description: PAR IN GOVT LOT 3 IN DOC 2020R

583615 546C 10.920

Recorded Acres: Calculated Acres: 10.921 0

Lottery Claims: First Dollar:

Yes Zoning: (R-1) Residential-1

ESN: 127

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
042	TOWN OF PORT WING
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE

Recorded Documents WARRANTY DEED

Date Recorded: 8/11/2020

■ CONVERSION

Date Recorded:

Ownership

TRAVIS G & ERIN M VOGLAND

Updated: 8/17/2020 WEBSTER WI

Billing Address: Mailing Address: TRAVIS G & ERIN M VOGLAND TRAVIS G & ERIN M 26975 WILLIE RD

WEBSTER WI 54893

VOGLAND 26975 WILLIE RD WEBSTER WI 54893

Site Address * indicates Private Road

7200 QUARRY SHORES RD

PORT WING 54865

Property Assessment		Updated:	5/29/2014
2021 Assessment Detail	O TENNO TO THE STATE OF THE STA		**************************************
Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.000	205,300	53,000
G6-PRODUCTIVE FOREST	8.920	11,600	, 0
2-Year Comparison	2020	2021	Change
Land:	216,900	216,900	0.0%
Improved:	53,000	53,000	0.0%
Total:	269,900	269,900	0.0%



Updated: 3/15/2006

2020R-583615

355-79;475-245;569-40

Property History

N/A

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL - Class A
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

21-0146 **Travis & Erin Vogland** No. Issued To: Location: -Town of **Port Wing** 30 **Township 50** Range 8 1/4 of -Section W. Par in Gov't Lot 3 Subdivision CSM# Lot Block

For: Residential Other: [Shoreland Grading (16' x 60') = 960 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must limit disturbed area to the minimum needed to complete project. Use best management practices to minimize and prevent erosion and sedimentation. Revegetate where appropriate immediately following work.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

Todd Norwood

Authorized Issuing Official

May 27, 2021

Date

or if any prohibitory conditions are violated.